

JPW

Please type plus sign (+) inside this box →

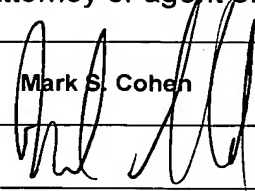
PTO/SB/122 (11-96)

Approved for use through 6/30/99. OMB 0651-0035

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

| | | |
|---|-------------------------------|--------------------------|
| CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 10/705,983 |
| | Filing Date | November 13, 2003 |
| | First Named Inventor | GINZBURG, Boris |
| | Group Art Unit | 2681 |
| | Examiner Name | Not yet known |
| | Attorney Docket Number | P-5907-US |

| | | | | | |
|---|----------------------------|--|--|------------------|-----------|
| Please change the Correspondence Address for the above-identified application to: | | | | | |
| <input checked="" type="checkbox"/> | Customer Number | <div style="border: 1px solid black; padding: 2px; display: inline-block;">49444</div> | → <div style="border: 1px solid black; padding: 5px; display: inline-block;">Place Customer Number Bar Code Label here</div> | | |
| Type Customer Number here | | | | | |
| OR | | | | | |
| <input checked="" type="checkbox"/> | Firm or Individual Name | Pearl Cohen Zedek Latzer, LLP | | | |
| Address | | 10 Rockefeller Plaza | | | |
| Address | | Suite 1001 | | | |
| City | | New York | State | New York | ZIP 10020 |
| Country | | U.S.A. | | | |
| Telephone | | 212-632-3480 | Fax | 212-632-3489 | |
| <p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the :</p> <p><input type="checkbox"/> Applicant</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed.</p> <p><input checked="" type="checkbox"/> Attorney or agent of record.</p> | | | | | |
| Typed or Printed Name | | Mark S. Cohen | | Registration No. | 42,425 |
| Signature | |  | | | |
| Date | | April 7, 2005 | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Washington, DC 20231.